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FACSIMILE TRANSMISSION

December 16, 2003

To:

United States Patent and Trademark Office

Examiner J. Ouellette - Art Unit 3629

Fax No:

703-872-9306

From:

William J. Clemens

RE:

S/N 09/888,323 WOOD et al.

Comments:

Please see the following Amendment and Fee transmittal Form for filing in the above-identified patent application. Thank you.

Total pages including cover page: 22

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PTO/SB/17 (08/03)

Approved for use through 07/31/2006. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if known FEE TRANSMITTAL Application Number 09/888,323 For FY 2003 Filing Date June 22, 2000 Effective 01/01/2003. Patent fees are subject to annual revision. First Named Inventor E. Vincent Wood Jonathan P. Ouellette Applicant claims small entity status. Sec 37 CFR 1.27 Examiner Name Ø 3629 Group/Art Unit TOTAL AMOUNT OF PAYMENT 219 ) 15990 US Attorney Docket No.

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
□ Check □ Credit Card □ Money Ordet □ Other □ None	3.	ADDITI	ONAL FE	ES				
_	Large	Entity	Small	Entity				
Deposit Account:	Fee	Fee	Fcc	Fee				
	Code	(\$)	Code	(\$)	Fee Description Fee Paid			
Deposit Acet No. 13-0005	1051	130	2051	65	Surcharge - late filing fee or oath			
	1052	50	2052	25	Surcharge - late provisional filing			
Doposit Acct Name MacMillan, Sobauski, & Todd, LLC					fee or cover sheet			
Acct. Name MacMillan, Sobanski, & Todd, LLC The Commissioner is authorized to: (Check all that apply)	1053	130	1053	130	Non-English specification			
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	1805	1,840*	1805	1,840*	Examiner action			
FEE CALCULATION		110	2261	55	Extension for reply within 1st month			
. BASIC FILING FEE	1251	110 420	2251 2252	210	Extension for reply within 2 <sup>nd</sup> month 210			
	1252 1253	420 950	2252	475	Extension for reply within 2 month			
arge Entity Small Entity	1254	1,480	2254	740	Extension for reply within 4th month			
Fee Fee Fee Fee Fee Description Fee Paid	1255	2.010	2255	1.005	Extension for reply within 5th month			
Code (\$) Code (\$)	1401	330	2401	165	Notice of Appeal			
1001 770 2001 385 Utility filing fee	1402	330	2402	165	Piling a brief in support of an appeal			
1002 340 2002 170 Design filing fee	1403	290	2403	145	Request for oral hearing			
1003 530 2003 265 Plant filling fee	1451	1,510	1451	1,510	Petition to institute a public use			
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1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable			
SUBTOTAL (1) S0	1453	1,330	2453	665	Petition to revive - unintentional			
308101VF(1) 2	1501	1,330	2501	665	Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	480	2502	240	Design issue fee			
Fee from	1503	640	2503	320	Plant issue fee			
Extra Below Fee Paid	1460	130	1460	130	Petitions to the Commissioner			
Total Claims 36 20** = 1 18/9 = 9 Independent Claims 3** = x 86/43 =  Multiple Dependent x 290/145 =	1807	50	1807	50	Petitions related to provisional			
independent Claims 3** = x <u>86/43 =</u>		400	1004	100	applications			
Multiple Dependent x 290/145 =	1806	180	1806	180	Submission of Information Disclosure Statement			
		10	9001	40	Recording each patent assignment per			
Large Entity Small Entity	8021	40	8021	40	property (times number of properties)			
Fee Fec Fee Pee Fee Description	1809	770	2809	385	Filing a submission after final rejection			
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MACMILLAN SOBANSKI

PAGE 03/22

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	FEE TRANSMITTAL		Complete if known			
For FY 2003 Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number	09/888,323  June 22, 2000  E. Vincent Wood			
		Filing Date				
		First Named Inventor				
Applicant claims small entity	status. See 37 CFR 1.27	Examiner Name	Jonathan P. Ouellette			
		Group/Art Unit	3629			
TOTAL AMOUNT OF PAYMENT	(\$ 219 )	Attorney Docket No.	15990 US			

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202 18 2202 9 Claims in excess of 20	1810	770	2810	385	For each additional invention to be			
201 86 2201 43 Independent claims in excess of 3					examined (37 CFR 1.129(h))			
203 290 2203 145 Multiple dependent claim, if not paid	1801	770	2801	385	Request for Continued Examination	_		
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